

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2014

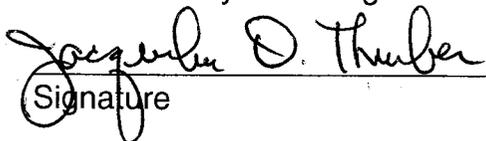
Organization Name	Loaves & Fishes Food Pantry
Mailing Address	P.O. Box 1672
City, State, Zip	Ellsworth, Maine 04605
Contact Person	Mildred Jordan/Jackie Thurber
Telephone Number(s)	667-8345 667-2707
E-mail address	loavesandfishes04605@gmail.com
Tax Identification Number	01-0538609
Amount of Funding Sought (limit \$600*)	\$600.00
Date of Application	November 29, 2014

Please provide the following information (use separate sheet or submit additional materials if necessary):

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
We will provide supplementary food when needed without cost or discrimination of any kind.
2. State the General Purpose of your organization
The purpose of Loaves and Fishes is to be a supplementary food source for those in need and to work together with others to help end hunger in Maine.
3. Outline other fundraising efforts by your organization
We ask each community that receives assistance for donations. Each of our sponsoring organizations holds its own fund raisers or collections (suppers, yard sales, church offerings,
4. Please attach a copy of your organization's most recent operating budget **(over)**

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.



 Signature

November 29, 2014

 Date

Jacqueline D. Thurber

 Printed Name

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2014

Organization Name	Downeast Horizons
Mailing Address	1200 State Highway 3
City, State, Zip	Bar Harbor Maine
Contact Person	Ashley Johnson
Telephone Number(s)	207-667-7464
E-mail address	a.johnson@dehi.org
Tax Identification Number	
Amount of Funding Sought (limit \$600*)	\$600.00
Date of Application	11/13/2014

Please provide the following information (use separate sheet or submit additional materials if necessary):

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.

See attached

2. State the General Purpose of your organization

See attached

3. Outline other fundraising efforts by your organization

See attached

4. Please attach a copy of your organization's most recent operating budget

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Ashley Johnson
Signature

11/13/2014
Date

Ashley Johnson
Printed Name

Town of Lamoine
 Application for Outside Agency Funding
 Submission Deadline November 30, 2014

Organization Name	Hospice Volunteers of Hancock County
Mailing Address	14 McKenzie Ave.
City, State, Zip	Ellsworth ME 04605
Contact Person	Jody Wolford-Tucker
Telephone Number(s)	667-2531
E-mail address	jwtucker@hospiceofhancock.org
Tax Identification Number	01-0385020
Amount of Funding Sought (limit \$600*)	\$600.00
Date of Application	11/21/14

Please provide the following information (use separate sheet or submit additional materials if necessary):

- Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
 Volunteer patient care & caregiver support for families living at the end of life; and bereavement support for those grieving plus community education.
- State the General Purpose of your organization
 to provide end-of-life care and support to residents of Hancock County free of charge.
- Outline other fundraising efforts by your organization
 Auction, Hospice Regatta, Dinner parties, grant-writing, general appeal to individual donors.
- Please attach a copy of your organization's most recent operating budget ✓

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I certify that the above and attached information about my organization is true to the best of my knowledge.

Jody Wolford-Tucker
 Signature

11/21/14
 Date

M.J. (Jody) Wolford-Tucker
 Printed Name

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2014

Organization Name	Child and Family Opportunities, Inc
Mailing Address	P.O. Box 648
City, State, Zip	Ellsworth, ME 04605
Contact Person	Rachel Nobel
Telephone Number(s)	207 667 2995 4223
E-mail address	racheln@childandfamilyopp.org
Tax Identification Number	01-02 80757
Amount of Funding Sought (limit \$600*)	\$600
Date of Application	11/24/14

Please provide the following information (use separate sheet or submit additional materials if necessary): *please see attached*

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
2. State the General Purpose of your organization
3. Outline other fundraising efforts by your organization
4. Please attach a copy of your organization's most recent operating budget

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I certify that the above and attached information about my organization is true to the best of my knowledge.

Rachel L Nobel
 Signature

11/24/14
 Date

Rachel L. Nobel
 Printed Name

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2014

Organization Name	Lamoine Historical Society
Mailing Address	362 Lamoine Beach Road
City, State, Zip	Lamoine ME 04605
Contact Person	Anne Stocking
Telephone Number(s)	(207) 667-6564
E-mail address	annestocking@roadrunner.com
Tax Identification Number	01-0371231
Amount of Funding Sought (limit \$600*)	\$600
Date of Application	November 25, 2014

Please provide the following information (use separate sheet or submit additional materials if necessary): PLEASE SEE ATTACHED.

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
2. State the General Purpose of your organization
3. Outline other fundraising efforts by your organization
4. Please attach a copy of your organization's most recent operating budget

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Anne Stocking
Signature

November 25, 2014
Date

Anne Stocking
Printed Name

Town of Lamoine
 Application for Outside Agency Funding
 Submission Deadline November 30, 2014

Organization Name	American Red Cross
Mailing Address	2401 Congress St
City, State, Zip	Portland ME 04102
Contact Person	Caroline King
Telephone Number(s)	874-1192 x. 102
E-mail address	caroline.king3@redcross.org
Tax Identification Number	53-0196605
Amount of Funding Sought (limit \$600*)	\$600
Date of Application	11/21/14

Please provide the following information (use separate sheet or submit additional materials if necessary): *Please see attached.*

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
2. State the General Purpose of your organization
3. Outline other fundraising efforts by your organization
4. Please attach a copy of your organization's most recent operating budget

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I certify that the above and attached information about my organization is true to the best of my knowledge.

Caroline King
 Signature

11/21/14
 Date

CAROLINE KING
 Printed Name

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2014

Organization Name	Hancock Co. Auditorium Associates
Mailing Address	The Grand, 165 Main Street
City, State, Zip	Ellsworth, ME 04605
Contact Person	Gail Thompson, Executive Director
Telephone Number(s)	207-667-5911
E-mail address	gthompson@grandonline.org
Tax Identification Number	01-0332058
Amount of Funding Sought (limit \$600*)	\$600
Date of Application	November 24, 2014

Please provide the following information (use separate sheet or submit additional materials if necessary): Please see enclosed materials for items 1 – 4.

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.

2. State the General Purpose of your organization

3. Outline other fundraising efforts by your organization

4. Please attach a copy of your organization's most recent operating budget

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I certify that the above and attached information about my organization is true to the best of my knowledge.


 Signature

November 24, 2014 _____
 Date

Gail LaRosa Thompson _____
 Printed Name



P.O. Box 1446, 125 State Street, Ellsworth, Maine 04605
Telephone & fax 207-664-6016 • Email: info@friendsinactionellsworth.org • Website: www.friendsinactionellsworth.org

November 1, 2014

Friends in Action is taking a giant leap forward to operate a new senior center at the new Moore Community Center in Ellsworth, while continuing to provide volunteer services to a growing aging population in Hancock County. **Our Board members want to tell you why they are committed to this effort, and are asking you to join them with a contribution.**

Tim Tunney: “I serve on the board of Friends in Action because FIA is an organization of direct service and direct impact—improving the quality of community in Ellsworth and the surrounding areas. I intend to grow old in this community, and FIA is paving the way for a great quality of life—for me, for my family, and for my friends.”

Chris Cherry: “I have firsthand knowledge of the kindness and dedication the Friends in Action volunteers have for the people they help with transportation needs. In 2010 I suffered a very severe stroke and was not able to drive, but through Friends in action I was able to get to my therapy appointments at MCMH. In that six month period, they were always on time to take me to therapy and when done, bring me home.”

Mary Ann Lock: “I was hooked on the first ride I volunteered for! We make a difference in people's lives and they make a difference in ours as volunteers. Our board understands and lives this mission. I am proud to be a member of the board. We appreciate any help the people in our community can give to keep this organization vibrant as we move forward and grow.”

Paul Pangburn: “I am on the Friends in Action Board because it is a wonderful organization that will be playing an interactive role within our community for years to come.”

Tim Hilton: “Nothing is better than helping others, and it has been fantastic being part of an organization whose purpose is to do just that. Thank you to all of the dedicated volunteers and staff that make Friends in Action and this community so incredible!”

Melissa Hale: “As a practicing attorney in Hancock County, the need for the services offered by FIA is apparent to me, my clients and their families every day. Most of the work is quietly done by dedicated volunteers, behind the scenes, offering transportation to those who are housebound. With the upcoming opening of the senior center in Ellsworth, our senior community at large will now be offered a brick & mortar location to gather, grow and flourish in the retirement years!”

Russell Grohe: “I enjoy driving for Friends In Action because it gives me the opportunity to meet so many people and share a portion of their lives for the time we have together on the way to their destination.”

Sara Sherwood: “Friends in Action is a dear organization to me because it offers services to elderly and disabled residents of Hancock County so that they can live independently. As a board member, I'm passionate about serving the elderly population and meeting their needs. I'm proud to say that I contribute by serving on the Friends in Action Board, where we serve the elderly with dignity.”

To offer free services to elderly and disabled residents of Hancock County
so that they can live independently, with dignity and a strong quality of life.

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2014

Organization Name	Eastern Area Agency on Aging
Mailing Address	450 Essex Street
City, State, Zip	Bangor ME 04401
Contact Person	Catherine Forker
Telephone Number(s)	207.941.2865
E-mail address	cforker@eaaa.org
Tax Identification Number	01-0328376
Amount of Funding Sought (limit \$600*)	\$250.00
Date of Application	October 8, 2014

Please provide the following information (use separate sheet or submit additional materials if necessary):

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
 - Please see attachment #1

2. State the General Purpose of your organization:
 - To be the best source of information, options, and services for seniors, adults living with disabilities and caregivers.

3. Outline other fundraising efforts by your organization
 - We are continually applying for grants, requesting municipal funding and outside donations from corporations and individuals wishing to donate.

4. Please attach a copy of your organization's most recent operating budget
 - Please see attachment #2

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Catherine Forker
Signature

10-8-14
Date

Catherine M. Forker
Printed Name

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2014

Organization Name	WIC program (A program of Maine Family Planning)
Mailing Address	52 Christian Ridge Road
City, State, Zip	Ellsworth, ME 04605
Contact Person	Trudy Lunt
Telephone Number(s)	667-5304 Ext 222
E-mail address	tlunt@mainefamilyplanning.org
Tax Identification Number	01-0317679
Amount of Funding Sought (limit \$600*)	\$920- we are aware the limit is \$600
Date of Application	10/27/2014

We served 23 clients from Lamoine last year.

Please provide the following information (use separate sheet or submit additional materials if necessary): **see attached**

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.

2. State the General Purpose of your organization

3. Outline other fundraising efforts by your organization

4. Please attach a copy of your organization's most recent operating budget

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 Signature

10/28/2014 _____
 Date

 Trudy Lunt
 Printed Name

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2014

Organization Name	Maine Coast Memorial Hospital
Mailing Address	50 Union Street
City, State, Zip	Ellsworth, ME 04605
Contact Person	Jack A. Frost
Telephone Number(s)	207-664-5548
E-mail address	jfrost@mainehospital.org
Tax Identification Number	01-0198331
Amount of Funding Sought (limit \$600*)	\$ 600.00
Date of Application	11-3-14

Please provide the following information (use separate sheet) or submit additional materials if necessary):

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.

2. State the General Purpose of your organization

3. Outline other fundraising efforts by your organization

4. Please attach a copy of your organization's most recent operating budget

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Jack A. Frost
 Signature

11-3-14
 Date

Jack A. Frost
 Printed Name

Town of Lamoine
 Application for Outside Agency Funding
 Submission Deadline November 30, 2014

Organization Name	THE LIFEFLIGHT FOUNDATION
Mailing Address	PO BOX 899
City, State, Zip	CAMDEN ME 04843
Contact Person	CHRISTINE DELORMIER
Telephone Number(s)	207-230-7092
E-mail address	cdelorimier@lifeflightmaine.org
Tax Identification Number	52-2371085
Amount of Funding Sought (limit \$600*)	600 or as determined by budget cmtee
Date of Application	11-6-2014

Please provide the following information (use separate sheet or submit additional materials if necessary):

- Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
 ON CALL EMERGENCY CARE + TRANSPORT OF CRITICALLY ILL OR INJURED RESIDENTS
- State the General Purpose of your organization
 FUNDRAISING FOR LIFEFLIGHT OF MAINE, THE ONLY STATEWIDE MEDICAL AIR TRANSPORT SERVICE - SPECIALIZED CARE + FAST TRANSPORT TO TRAUMA CENTERS IN MAINE AND BOSTON
- Outline other fundraising efforts by your organization
 GRANT APPLICATIONS
 MAILING APPEALS - INDIVIDUALS (ALSO PLEDGES FOR SWIM EVENTS)
 MAJOR GIFT ASKS
 CORPORATE SPONSORSHIP OF GOLF AND ISLESBORO CROSSING EVENTS
 SOME YEARS - STATE FUNDING FOR HELIPADS
- Please attach a copy of your organization's most recent operating budget

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.



 Signature

11-5-2014

 Date

CHRISTINE S. DELORMIER

 Printed Name



Community Health and Counseling Services
Home Health, Hospice and Mental Health Services

*Over budget
11/13/14
D*

PO Box 425
Bangor, Maine 04402-0425
Tel. 207-947-0366
TTY 207-990-4730
www.chcs-me.org

November 8, 2014

Mr. Stuart E. Marckoon, Adm Asst/Selectboard
Town of Lamoine
606 Douglas Highway
Lamoine, ME 04605

Dear Mr. Marckoon:

Founded in 1883, Community Health and Counseling Services (CHCS) provides home health, hospice and mental health services to over 9,000 adults and children in communities throughout Maine. CHCS supports: adults with severe and persistent mental illness who need assistance in achieving and maintaining independence while living within their communities; children and their families who are in need of intensive help in dealing with emotional and behavioral problems; homebound individuals with serious or terminal illnesses or dealing with a disability who may need home health services and end-of-life-care (hospice).

Our mission, "to provide community health services which are needed and valued by the communities and individuals we serve" supports the belief that, whenever possible, care is best given in a familiar setting where family and friends can become a part of the support and recovery process.

As a private not-for-profit organization, CHCS understands the importance of delivering quality services in an efficient and cost effective manner. CHCS collaborates with many resources to provide quality care which benefits the individual and their community.

We recognize the economic challenges facing all Maine communities and municipalities. **Our request for your support in the amount of \$1,455**, is submitted with an understanding that you face many difficult decisions and constraints. Your appropriation will be directed to support the programs and services offered by CHCS. Any assistance you can provide will help us to address the unmet needs of those we serve in your community and to bridge the gap between reimbursement and the cost of service delivery.

I have included some information relevant to our services in Hancock County for your Board of Selectmen and Overseers. Please do not hesitate to contact me should you have any questions about the services CHCS provides to the citizens of Lamoine.

Thank you for consideration of our request.

Sincerely,

Dale Hamilton
Executive Director

DHamilton @ chcs-me.org